

A survey of Connecticut physician stool culture ordering practices

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The CT Emerging Infections Program FoodNet is one of 5 projects involved in a collaborative effort between CDC, FDA, and USDA to estimate the burden of bacterial foodborne illness in 5 areas of the U.S. In January and April 1996, we surveyed 500 randomly selected physicians in non-surgical specialties in Hartford or New Haven Counties to determine stool culture ordering practices for patients who present with diarrhea. Of 500 surveys mailed, 286 (57%) were returned after 3 mailings; 156 met study inclusion criteria (specialties included: internal medicine (81), family medicine (13), emergency medicine (8), OB/GYN (13), and pediatrics (35)). All physicians had seen a patient with diarrhea in the past 12 months; 126 (81%) had seen one in the past month. Fifty-four (35%) ordered a bacterial stool culture for the last patient seen with diarrhea; duration of diarrhea was the most important factor in influencing this decision. sixty-two percent had seen a patient with bloody diarrhea in the past year; of these, 74% ordered a stool culture for this patient. Only 32% of these physicians specifically requested the laboratory to culture for *E. coli* O157; 47% did not because they believed the laboratory routinely tests for *E. coli* O157. However, in a separate survey, only 75% of laboratories in Hanford and New Haven Counties reported culturing at least all bloody stools for *E. coli* O157. In conclusion, majority of physicians surveyed did not order a stool culture on patients with diarrhea. They are most likely to order cultures when diarrhea is bloody and of longer duration. Public health implications include: significant underdetection of enteric pathogens, underestimation of the societal burden and decreased detection of common source outbreaks. In addition, standards are needed regarding what should be included in a routine culture for enteric pathogens and this information disseminated to clinical laboratories and to physicians.

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